

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Aug 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # *P97000056548 (5)*
1. Corporation Name *J.G.P.C. Corp.*

Principal Place of Business *3521 E. 4th Ave
Hialeah, FL 33013* Mailing Address *3521 E. 4th Ave.
Hialeah, FL 33013*

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <i>6-25-97</i>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <i>65-0771607</i>	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<i>Juan Carlos Gomez 3521 E. 4th Ave Hialeah, Florida 33013</i>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	85 Zip Code <i>FL</i>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<i>Carrover, Pedro Jr. <input checked="" type="checkbox"/> DELETE</i>	1.1 TITLE	<i>Juan Carlos Gomez <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</i>
NAME	<i>3521 E. 4th Ave / President</i>	1.2 NAME	<i>3521 E. 4th Ave</i>
STREET ADDRESS	<i>Hialeah, FL 33013</i>	1.3 STREET ADDRESS	<i>Hialeah, FL 33013 / President</i>
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	<i>Vice-President <input checked="" type="checkbox"/> DELETE</i>	2.1 TITLE	<i>Vice-President <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</i>
NAME	<i>Juan Carlos Gomez</i>	2.2 NAME	<i>AUGORA M. GOMEZ</i>
STREET ADDRESS	<i>3521 E. 4th Ave</i>	2.3 STREET ADDRESS	<i>174 E. 45th Street</i>
CITY - ST - ZIP	<i>Hialeah, FL 33013</i>	2.4 CITY - ST - ZIP	<i>Hialeah, FL 33013</i>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 7/14/98 (305) 696-4412
DATE: _____

CR2E034 (10/97)